

ONE BOOKMARKED PDF | CUSTOMER EDITION 4.7

Perioperative Leader Launch System

Turn an OR problem into a clear next step.

For delayed first cases, begin on PDF page 7 and prepare page 10. For surgeon concerns, begin on page 29. New to the role? Open the Appointment Field Guide bookmark.

Your first useful session

Choose one problem that keeps coming back. Check the facts with the people doing the work, agree on a change they can realistically try and set a time to review it.

Read, write and save

Use the contents on the next page or your PDF reader's bookmarks. Fillable worksheets remain interactive. Save a working copy; enter a nonsensitive test line, close and reopen before relying on the app to save longer work. Fields do not expand or calculate.

Use it responsibly

Examples are fictional teaching material. Apply your organization's policies and your role's authority. Keep patient, personnel and confidential business details in approved systems. Urgent clinical or safety concerns follow the required process immediately.

What this edition includes

The complete guides and worksheets are together in this one PDF. No ZIP extraction is needed. Individual professional use; coaching, CE contact hours and department distribution are not included.

LESSON 01 / DECIDE

Reliable first-case starts

Confirm whether the case started late, check what caused the delay and choose one change to test.

Define before you compare

Agree which scheduled first case in each room belongs in your morning review. A later scheduled start is not automatically a delay. Review later cases and add-ons separately. Define the start event (patient in room, anesthesia start or incision), the scheduled-time source, any tolerance and exclusions. Keep the same rules for baseline and follow-up, and report missing timestamps. Do not remove difficult cases after seeing the result.

Review what happened, in order

For each late case, compare readiness milestones across the patient pathway: preparation, transport, documentation, team availability, room and equipment. Ask the people doing the work to verify the sequence. A delay code is a starting point to check, not proof of the cause. Several barriers can coexist, and the last visible person to arrive may not have caused the lost time.

Choose a change that addresses the cause

Select one recurring, changeable failure and describe how the proposed action should prevent it. Define who performs the action, when, and who receives an unresolved issue. Track the start result, whether the new step happened, and whether work or delay moved elsewhere. Keep the test small enough to examine; a better percentage alone does not establish cause.

Make the decision explicit

Continue a test when the process is being used and the early evidence is useful. Adapt it when the handoff fails. Stop or escalate if it produces unsafe pressure or exceeds approved authority. Ask for a resource decision only after explaining the constraint and alternatives.

WORDS YOU CAN USE

“Using our agreed start definition, eight of twenty first cases were late. Before we assign a cause, let’s check when each part of the team was ready. What handoff could we improve, who will take it on and what will we review next Friday?”

LESSON 01 / WORKED EXAMPLE

Eight late starts, one targeted test

Fictional case. The completed decision shows the reasoning, action and review.

Baseline and uncertainty

Twenty eligible first cases use scheduled patient-in-room time with no tolerance in this example. Twelve are on time: $12 / 20 = 60\%$. Eight are late. Preliminary primary labels are trays 3, transport 2, documentation 1, surgeon availability 1 and room readiness 1. These labels total eight; they are not proof of root cause.

Completed decision

Joint OR and sterile-processing review verifies that two of the three tray-labeled events involved an unresolved information handoff the prior afternoon. The third was a different issue. The leaders select a message about unresolved readiness issues for the relevant list of cases, with a named recipient and acknowledgment by an agreed checkpoint. They retain normal instrument and safety processes.

Agreed work and measures

The OR coordinator owns the list; the sterile-processing lead accepts acknowledgment and routes unresolved items to the authorized owner. For the next twenty eligible starts, the manager tracks on-time starts, readiness messages with a confirmed reply and added preparation minutes. The team agrees to review after two weeks; any urgent concern follows the immediate route.

Fictional review and next decision

Fifteen of twenty starts are on time: 75%, up 15 percentage points. The handoff occurred for 18 of 20 cases; two messages had no backup recipient. Added work averaged four minutes per case. The team fixes backup coverage and repeats the test. It does not claim a proven 15-point effect: the sample is small and case mix and other conditions may differ.

LESSON 01 / APPLY

First-case improvement plan

Complete this page with a fictional or nonconfidential example. Move real commitments into the approved work system.

Complete a single test proposal. This is a decision aid, not a patient-level log.

Definition: event, eligible cases, time source, tolerance and exclusions

Starting rate: on-time / eligible cases; missing data; verified timeline

Change, reason, person doing it, person receiving the update and backup

Review date: start times, use of the new step and unwanted effects

When to continue, adjust, stop or seek approval; who decides

Before acting: confirm who agreed to do the work, any approval needed and the check-in date.